

State Form 4606 (R10/11-03) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

assistance in completing this form, see instructions on the reverse side.

(CFA-4) **Summary Sheet**

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TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS AN AMENDMENT? Yes

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For

COMMITTEE INFORMATION	ed tonnib tri		
1. Full name of committee (as on Statement of Organization) Check if this is a new r	ame	TooY Michael E	ALL SPACES in Cotarn
2. Acronym or abbreviated name, if any	3. Committee	telephone numb	
4. Mailing address (address where all campaign finance correspondence is received)	heck if this is a		raport, ercluding gang pitale or Triest was absorbington
5. City, state, ZIP code CANNEL TN 46082		ation (if applicable	9)
CANDIDATE INFORMATION (For Candidate's C	ommittees C	nly)	
7. Full name of candidate (include any nickname) RICK MCKINN 54	1 71	GUCAN	ident candidate
9. Office sought (Include district number, if any. Not required for exploratory committee.) ADMILTEN County Council (AT-Longe)	10. County o		PAC. TEM 3: Enter the comm
11. Check one: Pre-Primary Pre-Election Annual Final/Disbands Committee (lines 18, 19, and 2) Outgoing Treasurer (within 10 days amend Statement of Organization)	10 must be "0")	Check one: Pre-Conve	
12. Reporting Period: From: JAN 1 2004 Through: April 9 2004	bgs 915	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	tris vietništi	_0-	
14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS			-0-
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)	of According		
15a. Itemized (use Schedule A)		3275	3275
15b. Unitemized	tins, vito exert	50	50
15c. Add lines 15 a and 15b in both columns SUBT	OTAL	3325	3325
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	OTAL	3325	3325
EXPENDITURES			S INCOME.
Note: These amounts include in-kind expenditures and loan repayments.)			
7a. Itemized (use Schedule B) (Public Question: use Schedule C)	l ye brigate pro	499.71	499.71
7b. Unitemized	1 1 70	223.46	223.46
7c. Add lines 17a and 17b in both columns SUB		723.17	723.17
8. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)		2601.83	2601.83
9. Debts OWED BY the committee (use Schedule D)	,Daniel	-0-	- ARRENT SALE
20. Debts OWED TO the committee (use Schedule E)	to aggl gitt got	_ 0-	
CERTIFICATION			FOR OFFICE USE ONLY

OFFICIATION	
CERTIFICATION	
I CERTIEV THAT I HAVE EYAMINED THIS STATEMENT. TO THE REST OF MY KNOWLEDGE AND RELIEF IT IS TOLIF OF	RRECT AND COMPLETE.
Signature on File	Date + 12 04
	Date 4/12/04
files a tranquient report commits a Class D felonif (IC 3-14-1-13) A person who fails to file a complete or accurate report	-5) A person who knowingly

Campaign Finance Law commits a Class B misdemeanog (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)



State Form 4606 (R10/11-03) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER				
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Page	2 of 10			

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. Ride McKinney 14609 WARNER TARIL	Contributions: ☑ Direct ☐ In-Kind (describe)	4	(888)	1/23
Westhold IN 46074	Other Receipts: Interest Loan Misc. (specify)	50	30	Ran
2. Rick McKinnesy 14609 Warnen (Min)	Contributions: Direct In-Kind (describe)	o nollequece en	PATION: Enler during the obl	3/17
Woorfield IN 46074	Other Receipts: Interest Loan Misc. (specify)	175 man 1841 TO SIO (43) 15 Mars 16 183/163	225	RAM
3. Tom Chowley Soul Deen Rife In South	Contributions: Direct In-Kind (describe)	THE PERSON	7 / C	7/13
Contributor's Occupation (if required) Developes	Other Receipts: Interest Loan Misc. (specify)	1000	1000	RM
Coesy Thousand	Contributions: Direct In-Kind (describe)	500	350	4/8
Fishers TN 46038 Contributor's Occupation (if required) Developm	Other Receipts: Interest Loan Misc. (specify)	m estimmon sit	netna (VS GBV	RFM
TAL OF ALL PAGES ON SCHEDULE	Contributions: Direct In-Kind (describe)	et OF SCHEDU chedule, the fig.	OTAL THIS PAGE to page of this S	SUBT only o
E ONLY: Enter (OV THE LAST PAGE is figure on ITEM 15a of the Summary	Other Receipts: Interest Loan Misc. (specify)	S ON SCHEDU	OF ALL PAGE	CIVLY Sheet
Contributor's Occupation (if required)	THIS PAGE OF SCHEDULE A	\$ 1375		
TOTAL OF ALL PAGES OF SCHEDULE		\$ 13/3		



State Form 4606 (R10/11-03) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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Page	3	of	10	

	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Browning Investmes INC. 251 N. Illinois Indols IN 46204	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	To	500	2/5 Rfm
2.	OMNI MANNONT SENIES IN. 4138 N. Kyskue Ave. Infols IN 46205	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	7/50	150	1/2 RAM
3.	NRC 3641 Barmly Uz, Carrel, IN 46033	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	7250	250	z/s am
4.	Vally Development lo Tre. 364 Brimley Way Coursel, IN 46033	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	*250	5 756	2/25 Om
5.	or this page of Schedule A. If there is only of ALL PAGES ON SCHEDULE A. GE ONLY: Enter (ON THE LAST PAGE this figure on ITEM 15s of the Summary	In-Kind (describe) Other Receipts:	Life committee in AGE OF SCHEDU. adulo, the figure is GES OF SCHEDU unt of all pages or	page of this Soli "AL OF ALL PA LY) the total ame	eno
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State Form 4606 (R10/11-03) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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Page _	4	of	10

	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	ative receipts over \$100 within a calendar paid interest to a committee's account.	Other Receipts:	to semble prille sid T. Assimmos atuchtmas s pri	if regular party	(Sap) was
2.	spragnate box. For in-kind contributions s, bumper stickers or mailings, etc.). For	Misc. (specify) Contributions: Direct	10 10 10 10 10 10 10 10 10 10 10 10 10 1	CONTROBUTE he general prod	otuditinoo IO 34111 Fedinoseb
		Other Receipts: Interest Loan Misc. (specify)	IS PERIOD: EN	POUS", DE 25 SP A AMOUNT TS PLE for Ilits rapo	WWW.100
3.	ontributions, including in-kind, transfers-in the same as the entry in Column A.	Contributions:	E YEAR-TO-DAY mar-to-date a calendar year,	B CUMULATIV Selote calender R report of each	en neritic no
	AP,	Other Receipts: Interest Loan Misc. (specify)	ne months day, a site a day a site a day a day a day a day a day an ar man ar m		atthw saw astimmos
4.	a set of Schedule A. If there is only one AGES N SCHEDULE A.	Contributions: Direct In-Kind (describe)	OF SCHEDULE A	L THIS PAGE of Schedule, the	NTOTEUS
	B.Y: Enter ON THE LAST PAGE ONLY) EM 10s of the Generalty Sheet.	Other Receipts: Interest Loan Misc. (specify)	PF SCHEDULE A a on Schedule A	PALL PAGES (nount of all page	
5.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Misc. (specify)			
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(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contribution, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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Page _	5	of	10	_

	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	(street, number, city, state, ZIP code) MPAC 1912 N. Meudin St.	Contributions: Direct In-Kind (describe)	1		4/7
	Info IN 46202	Other Receipts: Interest Loan Misc. (specify)	150	750	Rfm
2.	lative receipts over \$100 within a catendaringsid interest to a committee's account.	Contributions: Direct In-Kind (describe)	alling address of committee). Tale		Enter the year (\$20
	is importative to list the full pame of the perceptate box. For in-land curtifications .	Other Receipts: Interest Loan Misc. (specify)	явито яс ис	NT: When ent	IMPORTA contribute TYPE OF
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4.	the same as the entry in Column A. te received. For checks and money orders the controlles a account, MOT the date it received when cash is deposted in the	Contributions: Direct In-Kind (describe)	te cash deposited (XEIVEO: Enter to a date the common or mailed. Fo	DATE REI
		Other Receipts: Interest Loan Misc. (specify)	minin given or m committee memb		EVISORR ATOTEUS
5.	S page of Schedule A. If there is only one AUCY: Enter (ON THE LAST PAGE ONLY) (EM 15s of the Summery Sheet.	Contributions: Direct In-Kind (describe)	F SCHEDULE A	eni ,elucerate	TO LATET
		Other Receipts: Interest Loan Misc. (specify)			
-	SUBTOTAL	THIS PAGE OF SCHEDULE A	\$ 750		
	TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet)	\$ 3275		



State Form 4606 (R10/11-03) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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Page _	6	_ of	10

	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.		Contributions: Direct In-Kind (describe)		/	
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	A service of the serv	Other Receipts: Interest Loan Misc. (specify)	YEAR-TO-DA sar-to-date celendar year	B CUMULATIVE seigls calendary	COLUMN or other rel On the fin
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(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES

State Form 4606 (R10/11-03) Indiana Election Commission (IC 3-9-5-14) by State Board of Accounts 1999

Approved

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

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Page _	7 of 16

RECIPIENT'S NAME AND MAILING ADDRESS) (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
US POSTURS EN 275 Medical Dr Channel IN 46032	Post Office NA	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	13941	1354	1/26
CARNEL, FA 46032	Retail OHti Synlis	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	24830	24936	2/10
Spart POBEX 740602 CERCENINHIOH 45274	Telophne seamé NA	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	112	112	3/15
Code To better priceton at	period pe	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	A leing renditures, dira relating payera	re Type: Fundju a Onlinitori: Esp g a fundresse; a	Coris: Expenditus Expenditus with notdin
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Code	SHETCHEL OF THE BLOCK	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	es rous eram	ampaign paraphy shirts, hats, etc.	• W • Ci • Pi
FAGE ONLY) the total amount of all	SUBTOTAL THIS PAG	SE OF SCHEDULE B	\$ 49971		
TOTAL OF ALL PA	GES OF SCHEDULE B ON THE (Enter total on ITEM 17a of t		\$ 49971		



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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

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Page	8 of 10				

Enter Text of Public Question		LIC QUESTION INFORMA		od attaingöngen arb	Section 1
or the puses generally of the latest					
Type of Question: Statewide Position: Supported Oppo		f angendrure.	E: Crinds the type o	ANTIGORANGE NO	TYPE:
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF EXPENDITURE	PURPOSE OF EXPENDITURE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
ang period	☐ Direct	the anticum of each expending at the cumulative excending	ESTAG-OT-RA		8.300 - C
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(CFA-4 SCHEDULE D)
DEBTS OWED BY THIS COMMITTEE

State Form 4606 (R10/11-03) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

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Page	9 of 10

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CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD		
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LENDER'S OCCUPATION							
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(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

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Page	10 of 10

BORROWER'S NAME & MAILING ADDRESS	CO-SIGNER;S NAME & MAILING ADDRESS (if any)	ORIGINAL AMOUNT	DATE DEBT	CUMULATIVE PAID	OUTSTANDING BALANCE THI
(street, number, city, state, ZIP code)	(street, number, city, state, ZIP code)	NATURE OF DEBT	INCURRED	YEAR-TO-DATE	PERIOD
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